Georgia-Pacific

234 Forest Road
P.O. Box 309
Skippers, VA 23879
Telephone (434) 634-6133
Fax (434) 348-3667

Certified Mail #7005 1820 0006 0132 16393

November 23, 2010

Ray R. Jenkins, Jr.
Senior Environmental Engineer
Virginia Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

RE: Georgia-Pacific Wood Products, LLC - Skippers OSB Plant
VPDES Permit No. VA0059072 Renewal Application – Submittal of Supplemental Information

Dear Mr. Jenkins:

Our current VPDES permit expires on December 6, 2010. On June 10, 2010, Georgia-Pacific Wood Products – Skippers OSB Plant ("GP") submitted a renewal application. As discussed between you and Jimmy Summers of GP by telephone on June 4, 2010, we indicated that we would submit data and a revised Form 2F to you for grab and composite samples from a qualifying storm event as soon as the results were available.

On October 25, 2010, GP was able to obtain grab and composite samples of a qualifying rain event, and the samples were submitted to the laboratory for analysis. Please find attached a revised Form 2F, which supersedes the version of Form 2F that was submitted previously. We have also included Form 1 with an updated signature. All other required information was submitted with the original application submittal.

If you have any questions or need more information, please feel free to contact Randy Hobbs at (434) 634-6133.

Sincerely,

William S. Adams
General Manager - OSB

cc: Ronald Sweet
Jim James
Jimmy Summers
Randy Hobbs

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	VAD988220836		D

1 2 13 14 15

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP: Georgia-Pacific Wood Products, LLC - Skippers OSB Plant

15 16 - 29 30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Hobbs, Randall R. - Plant Manager	(434) 634-6133
15 16 45	46 48 49 51 52- 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 P. O. Box 309

15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Skippers	VA	23879
15 16 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 234 Forest Drive

15 16 45

B. COUNTY NAME

Greensville

46 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Skippers	VA	23879	
15 16 40	41 42	47 51	52 54

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
2493 *(specify)* Reconstituted Wood Products	*(specify)*

C. THIRD	D. FOURTH
(specify)	*(specify)*

VIII. OPERATOR INFORMATION

A. NAME: Georgia-Pacific Wood Products, LLC - Skippers OSB Plant

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P *(specify)*

D. PHONE *(area code & no.)*: (434) 634-6133

E. STREET OR P.O. BOX: P. O. Box 309

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Skippers	VA	23879	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
N VA0059072	P

B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
U	VPA00532 *(specify)* Land Application Permit

C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
R VAD988220836	PRO-50941 *(specify)* Title V Air Permit

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Please see attachment for description. Topographic map is attached also.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
William S. Adams - Gen Mgr - OSB	William S Adams	11/23/2010

COMMENTS FOR OFFICIAL USE ONLY

C

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 2493 *(specify)* Reconstituted Wood Products	7 *(specify)*
C. THIRD	**D. FOURTH**
7 *(specify)*	7 *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: 8 Georgia-Pacific Wood Products, LLC - Skippers OSB Plant

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P *(specify)*

D. PHONE *(area code & no.)*: A (434) 634-6133

E. STREET OR P.O. BOX: P. O. Box 309

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
B Skippers	VA	23879	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U	9 FC-04-3674 *(specify)* Aboveground Storage Tank Permit
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R	9 45-25050-01 *(specify)* US Nuclear Regulatory Commission Nuclear Device Permit

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

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A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
William S. Adams - Gen Mgr - OSB	William S Adams	11/23/2010

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VAD988220836

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM 2F NPDES

EPA

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
901	36	33	03	77	31	31	Unnamed tributary to Fontaine Creek

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
901	35 acres	101 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Please see attached Worksheet 2. Please note that Outfall 901 and Outfall 001 are the same outfall location. Outfall 901 represents wet weather (storm water) discharges from this outfall, and Outfall 001 represents dry weather discharges from this outfall.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
901	Screening and reuse of effluent.	1-T, 4-C

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title *(type or print)*	Signature	Date Signed
Randall R. Hobbs		11/15/10

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Visual assessment of outfall flow during times when no rainfall is occurring or has occurred within the previous 72 hours. Knowledge of operation of wastewater treatment system and routine inspections of the outfall and wastewater system during non-precipitation events.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No significant leaks or spills of toxic or hazardous pollutants have occurred at the facility in the last three years.

EPA ID Number *(copy from Item 1 of Form 1)*
VAD988220386

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☑ Yes (*list all such pollutants below*) ☐ No (*go to Section IX*)

Formaldehdye

Phenol

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

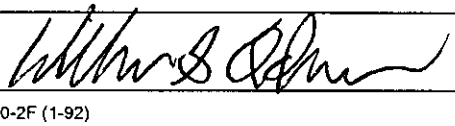
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air Water & Soil Laboratories, Inc.	2109A North Hamilton Street, Richmond, VA, 23230	804-358-8295	Oil & Grease, BOD-5, COD, TPH, TSS, Total Nitrogen, Total Phosphorus, Zinc (dissolved), Barium (total), Iron (total), Magnesium (total), Manganese (total), Total Recoverable Phenolics
Test America	2960 Foster Creighton Road, Nashville, TN 37204	800-765-0980	Formaldehyde

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
William S. Adams, General Manager - OSB	(404) 652-5404
C. Signature 	D. Date Signed 11/23/2010

EPA ID Number (*copy from Item 1 of Form 1*)
VAD988220836

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<10 mg/L	N/A	<10 mg/L	N/A	1	See Worksheet 2
Biological Oxygen Demand (BOD5)	16.0 mg/L (Gr)	14.8 mg/L (Co)	11.3 mg/L	14.8 mg/L (Co)	2 Gr/1 Co	See Wrksht 2, Gr = Grab, Co = Comp.
Chemical Oxygen Demand (COD)	176 mg/L	189 mg/L	176 mg/L	189 mg/L	1	See Worksheet 2
Total Suspended Solids (TSS)	11.8 mg/L	25.1 mg/L	9.2 mg/L	25.1 mg/L	2G/1C	See Worksheet 2
Total Nitrogen	2.5 mg/L	2.7 mg/L	2.5 mg/L	2.7 mg/L	1	See Worksheet 2
Total Phosphorus	0.26 mg/L	0.26 mg/L	0.26 mg/L	0.26 mg/L	1	See Worksheet 2
pH	Minimum 6.8	Maximum 7.0	Minimum 6.8	Maximum 7.0	1	See Worksheet 2

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Zinc, Dissolved	0.0423 mg/L	0.0466 mg/L	0.0423 mg/L	0.0466 mg/L	1	See Worksheet 2
TPH	1.6 mg/L	0.8 mg/L	1.6 mg/L	0.8 mg/L	1	See Worksheet 2
Barium, Total	0.0819 mg/L	0.0673 mg/L	0.0819 mg/L	0.0673 mg/L	1	See Worksheet 2
Iron, Total	5.48 mg/L	4.41 mg/L	5.48 mg/L	4.41 mg/L	1	See Worksheet 2
Magnesium, Tota	3.32 mg/L	2.61 mg/L	3.32 mg/L	2.61 mg/L	1	See Worksheet 2
Manganese, Tota	0.3822 mg/L	0.2787 mg/L	0.3822 mg/L	0.2787 mg/L	1	See Worksheet 2

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Formaldehy	118 ug/L	87.2 ug/L	118 ug/L	87.2 ug/L	1	Potential resin drips from conveyor
Phenol,tot	<0.05 mg/L	<0.05 mg/L	<0.05 mg/L	<0.05 mg/L	1	Potential resin drips from conveyor
						Note: The formaldehyde analysis
						used is not from 40 CFR 136.
						Instead, EPA Solid Waste Method
						SW-846 was used.

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
10/25/10	30	0.69	216	146.8 gpm	1,703,026 gallons

7. Provide a description of the method of flow measurement or estimate.

Maximum flow rate based on height of water flowing over a rectangular weir.

Total flow based on 0.69 inches of rain draining from the nominal drainage area of 101 acres. Assumed a runoff coefficient of 0.9:

(0.69 inches/12 in/ft) x 101 acres x (43,560 ft2/acre) x 7.48 gallons/ft3 x 0.9 =

0.0575 ft x 4,399,560 ft2 x 7.48 gallons/ft3 x 0.9 = 1,703,026 gallons

0.52" Rainfall @ end of grab
Rainfall started @ 2:50 pm + ended @ 3:20 pm
Total Rainfall for the day equalled 0.69"

1st Composite taken @ 3:08 pm
2nd Composite taken @ 4:08 pm
3rd Composite taken @ 5:10 pm
0.65" Rainfall @ end of composite sampling
Max. Flow over weir 3/4" = 146.8 gpm or 0.2222 MGD

Georgia-Pacific Wood Products LLC
Skippers OSB Plant
VPDES Outfall 001
Sampling Documentation

Instructions: During each sampling event record the required data. Dry weather discharge samples are required each month provided discharge occurs.

Parameter: *Dissolved Oxygen*
Test Method: *4500-O G.*
Summary: *Dissolved oxygen is measured using a YSI Model 550A or a YSI Model 54A. The Model 54A uses a YSI 5905 BOD probe suitable for submersion. The Model 54A uses a YSI field probe Model 5739 suitable for submersion.*

Date	Sample Time	Analysis Time	Analyst Signature	Cal Value mg/L	Cal Temp C	Sample Temp C	Sample Value mg/L

Parameter: *Flow*
Test Method: *Estimate*
Summary: *Water discharge is measured by estimating the head height of the plume being discharged over the cement wall at the outfall. Estimates are then converted into MGD (millions of gallons per day) and recorded on the DMR.*

Date	Sample Time	Analysis Time	Analyst Signature	Head Height	Estimated Flow	Estimated MGD
10/25/2010	3:08 pm	3:08 pm	Ronnie Smith	1/8" over	10 gpm	0.0252

Parameter: *pH*
Test Method: *4500-H^+ B.*
Summary: *pH is measured using a Waterproof OAKTON pHTestr 20 pH meter that contains a replaceable double-junction electrode sensor. Water samples are collected at outfall 001 and are analyzed within 15 minutes. The pH meter probe is placed in the sample and gently stirred until the sample reading stabilizes. The value in s.u. is recorded on the DMR.*

Date	Sample Time	Analysis Time	Analyst Signature	Cal Value Low (4)	Cal Value Mid (7)	Cal Value High (10)	Sample Value s.u.
10/25/2010	3:08 pm	3:13 pm	Ronnie Smith	4.01 Temp - 21.8°C	7.00 Temp - 21.9°C	10.01 Temp - 22.0°C	6.95 @ 17.8°C

Comments: Check 7 Value and Temperature - 7.07 @ 22°C

AIR WATER & SOIL LABORATORIES, INC.®
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 10100429

Client Name:	Georgia Pacific - Skippers 234 Forest Road P.O. Box 309 Skippers,VA 23879	Date Received: Date Issued:	October 26, 2010 November 10, 2010
Submitted To:	Ronnie Sweet	Project Number:	NA
Client Site I.D.:	VPDES Permit Renewal	Purchase Order	NA

Sample Summary List

Laboratory Sample ID	Sample ID	Sample Date	Receive Date
10100429-001	Outfall 901	10/25/2010	10/26/2010
10100429-002	Outfall 901	10/25/2010	10/26/2010
10100429-003	Outfall 901	10/25/2010	10/26/2010
10100429-004	Outfall 901	10/25/2010	10/26/2010
10100429-005	Outfall 901	10/25/2010	10/26/2010
10100429-006	Outfall 901	10/25/2010	10/26/2010
10100429-007	Outfall 901	10/25/2010	10/26/2010
10100429-008	Outfall 901	10/25/2010	10/26/2010
10100429-009	Outfall 901	10/25/2010	10/26/2010
10100429-010	Outfall 901	10/25/2010	10/26/2010
10100429-011	Outfall 901	10/25/2010	10/26/2010
10100429-012	Outfall 901	10/25/2010	10/26/2010
10100429-013	Outfall 901	10/25/2010	10/26/2010
10100429-014	Outfall 901	10/25/2010	10/26/2010

AIR WATER & SOIL
LABORATORIES, INC.®
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 10100429

Client Name:	Georgia Pacific - Skippers 234 Forest Road P.O. Box 309 Skippers,VA 23879	Date Received: Date Issued:	October 26, 2010 November 10, 2010
Submitted To:	Ronnie Sweet	Project Number:	NA
Client Site I.D.:	VPDES Permit Renewal	Purchase Order	NA

Ted Soyars

Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a dry weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

ACCREDITED IN ACCORDANCE WITH nelac
Commonwealth of Virginia
Accreditation # 460021

AIR WATER & SOIL LABORATORIES, INC.®
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 10100429

Client Name: Georgia Pacific - Skippers
234 Forest Road
P.O. Box 309
Skippers,VA 23879

Date Received: October 26, 2010
Date Issued: November 10, 2010

Submitted To: Ronnie Sweet

Project Number: NA

Client Site I.D.: VPDES Permit Renewal

Purchase Order NA

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-001

Date/Time Sampled: 10/25/10 15:08

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
Barium	EPA200.7/R4.4	0.0819 mg/L		0.01	11/02/10 11:39	MWL
Iron	EPA200.7/R4.4	5.48 mg/L		0.01	11/02/10 11:39	MWL
Magnesium	EPA200.7/R4.4	3.32 mg/L		0.01	11/02/10 11:39	MWL
Manganese	EPA200.7/R4.4	0.3822 mg/L		0.01	11/02/10 11:39	MWL
Zinc	EPA200.7/R4.4	0.0423 mg/L		0.01	11/02/10 11:39	MWL

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-002

Date/Time Sampled: 10/25/10 15:08

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
TPH-Semi-Volatiles (DRO)	SW8015C	1.6 mg/L		0.5	11/01/10 19:11	JHV
Oil and Grease	EPA1664A	< 10 mg/L		10	10/28/10 10:10	WBP

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Date Received: October 26, 2010
Date Issued: November 10, 2010

Submitted To: Ronnie Sweet

Project Number: NA

Client Site I.D.: VPDES Permit Renewal

Purchase Order NA

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-003

Date/Time Sampled: 10/25/10 15:08

Parameter	Method	Sample Results	Qual	Rep Limit	Analysis Date/Time	Analyst
COD	EPA410.4/R2.0	176 mg/L		10	11/02/10 11:10	KAA
Phosphorus, Total	SM18/4500-P E	0.26 mg/L		0.01	11/01/10 10:30	BMB

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-004

Date/Time Sampled: 10/25/10 15:08

Parameter	Method	Sample Results	Qual	Rep Limit	Analysis Date/Time	Analyst
Nitrate+Nitrite	SM18/4500-NO3 F	< 0.1 mg/L		0.1	11/05/10 14:40	BMB
TKN	EPA351.2/R2.0	2.4 mg/L		0.2	10/29/10 10:42	BP
Nitrogen, Total	Calc.2	2.5 mg/L		0.2	10/29/10 10:42	BP

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-005

Date/Time Sampled: 10/25/10 15:08

Parameter	Method	Sample Results	Qual	Rep Limit	Analysis Date/Time	Analyst
BOD	SM18/5210B	16.0 mg/L		2	10/27/10 10:52	KAA
TSS	SM18/2540D	11.8 mg/L		1	10/27/10 17:36	BMB

111020101006

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Final Report

Laboratory Order ID 10100429

Client Name: Georgia Pacific - Skippers
234 Forest Road
P.O. Box 309
Skippers,VA 23879

Date Received: October 26, 2010
Date Issued: November 10, 2010

Submitted To: Ronnie Sweet

Project Number: NA

Client Site I.D.: VPDES Permit Renewal

Purchase Order NA

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-006

Date/Time Sampled: 10/25/10 15:08

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
Formaldehyde	SW8315A	See Attached		--		

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-007

Date/Time Sampled: 10/25/10 15:08

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
Total Recoverable Phenolics	EPA420.1	< 0.05 mg/L		0.05	10/27/10 9:10	BMB

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-008

Date/Time Sampled (Start/Stop): 10/25/10 15:08 to 10/25/10 17:10

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
Barium	EPA200.7/R4.4	0.0673 mg/L		0.01	11/02/10 11:41	MWL
Iron	EPA200.7/R4.4	4.41 mg/L		0.01	11/02/10 11:41	MWL
Magnesium	EPA200.7/R4.4	2.61 mg/L		0.01	11/02/10 11:41	MWL
Manganese	EPA200.7/R4.4	0.2787 mg/L		0.01	11/02/10 11:41	MWL
Zinc	EPA200.7/R4.4	0.0466 mg/L		0.01	11/02/10 11:41	MWL

111020101006

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Final Report

Laboratory Order ID 10100429

Client Name: Georgia Pacific - Skippers
234 Forest Road
P.O. Box 309
Skippers,VA 23879

Date Received: October 26, 2010
Date Issued: November 10, 2010

Submitted To: Ronnie Sweet

Project Number: NA

Client Site I.D.: VPDES Permit Renewal

Purchase Order NA

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-009

Date/Time Sampled (Start/Stop): 10/25/10 15:08 to 10/25/10 17:10

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
TPH-Semi-Volatiles (DRO)	SW8015C	0.8 mg/L		0.5	11/01/10 19:36	JHV

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-010

Date/Time Sampled (Start/Stop): 10/25/10 15:08 to 10/25/10 17:10

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
COD	EPA410.4/R2.0	189 mg/L		10	11/02/10 11:10	KAA
Phosphorus, Total	SM18/4500-P E	0.26 mg/L		0.01	11/01/10 10:30	BMB

Analytical Results

Sample I.D.: Outfall 901

Laboratory Sample I.D.: 10100429-011

Date/Time Sampled (Start/Stop): 10/25/10 15:08 to 10/25/10 17:10

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
Nitrate+Nitrite	SM18/4500-NO3 F	0.13 mg/L		0.1	11/05/10 14:55	BMB
TKN	EPA351.2/R2.0	2.6 mg/L		0.2	10/29/10 10:44	BP
Nitrogen, Total	Calc.2	2.7 mg/L		0.2	10/29/10 10:44	BP

111020101006

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Laboratory Order ID 10100429

Client Name: Georgia Pacific - Skippers
234 Forest Road
P.O. Box 309
Skippers,VA 23879

Date Received: October 26, 2010
Date Issued: November 10, 2010

Submitted To: Ronnie Sweet

Project Number: NA

Client Site I.D.: VPDES Permit Renewal

Purchase Order NA

Analytical Results

Sample I.D.: Outfall 901 Laboratory Sample I.D.: 10100429-012

Date/Time Sampled (Start/Stop): 10/25/10 15:08 to 10/25/10 17:10

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
BOD	SM18/5210B	14.8 mg/L		2	10/27/10 11:00	KAA

Analytical Results

Sample I.D.: Outfall 901 Laboratory Sample I.D.: 10100429-013

Date/Time Sampled (Start/Stop): 10/25/10 15:08 to 10/25/10 17:10

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
TSS	SM18/2540D	25.1 mg/L		1	10/27/10 17:36	BMB

Analytical Results

Sample I.D.: Outfall 901 Laboratory Sample I.D.: 10100429-014

Date/Time Sampled (Start/Stop): 10/25/10 15:08 to 10/25/10 17:10

Parameter	Method	Sample Results	Qual	Rep Limi	Analysis Date/Time	Analyst
Formaldehyde	SW8315A	See Attached		--		
Total Recoverable Phenolics	EPA420.1	< 0.05 mg/L		0.05	10/27/10 9:10	BMB

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Final Report

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Client Name:	Georgia Pacific - Skippers 234 Forest Road P.O. Box 309 Skippers,VA 23879	Date Received: Date Issued:	October 26, 2010 November 10, 2010
Submitted To:	Ronnie Sweet	Project Number:	NA
Client Site I.D.:	VPDES Permit Renewal	Purchase Order	NA

Summary of Analytical QC Batches

QC Batch ID	Method	Sample List
QC101028006	EPA420.1	10100429-007, -014
QC I	Parameter	Qualifier Comments
MS	Total Recoverable Phenolics	M
MSD	Total Recoverable Phenolics	M
QC101028033	SM18/2540D	10100429-005, -013
QC101029020	EPA351.2/R2.0	10100429-004, -011
QC101029024	EPA1664A	10100429-002
QC101101013	SW8015C	10100429-002, -009
QC101101031	SM18/5210B	10100429-005, -012
QC101101034	SM18/4500-P E	10100429-003, -010
QC101102024	EPA200.7/R4.4	10100429-001, -008
QC101103011	EPA410.4/R2.0	10100429-003, -010
QC101108030	SM18/4500-NO3 F	10100429-004, -011

Qualifier Defination

Qualifier	Description
M	Matrix spike recovery is outside established acceptance limits.

AIR WATER & SOIL LABORATORIES, INC.

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

CLIENT NAME: GP Skippers	PROJECT NAME: VPDES Permit Renewal
CLIENT CONTACT: Ronnie Sweet	SITE NAME: Outfall 901
CLIENT ADDRESS: PO Box 309 Skippers VA 23879	PROJECT NUMBER:
CLIENT PHONE NUMBER: (434) 634-6133 ext 207	P.O. NUMBER:
CLIENT FAX NUMBER:	EMAIL: ronald.sweet@gapac.com / REGULATORY AUTHORITY: VADEQ
Is sample for compliance reporting? (YES) NO	Is sample from a chlorinated supply? YES (NO) / PWS I.D. #:
SAMPLER NAME (PRINT): Ronnie Sweet	SAMPLER SIGNATURE: Ronnie Sweet / Turn Around Time: 10 Day(s)

Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO

CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	MATRIX: Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other	ANALYSIS / (PRESERVATIVE): Zn, Barium, Iron, Magnesium, Manganese	TPH, O+G	Total Phos, COD	Total Nitrogen	BOD, TSS	Formaldehyde	Phenol	COMMENTS: Quote I.D.: / PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min)
1) Outfall 901			10/25/10	3:08p	1	✓				✓					✓							HNO_3
2) Outfall 901			10/25/10	3:08p	2	✓				✓						✓						HCl
3) Outfall 901			10/25/10	3:08p	1	✓				✓							✓					H_2SO_4
4) Outfall 901			10/25/10	3:08p	1	✓				✓								✓				H_2SO_4
5) Outfall 901			10/25/10	3:08p	2	✓				✓									✓			None
6) Outfall 901			10/25/10	3:08p	1	✓				✓										✓		None
7) Outfall 901			10/25/10	3:08p	1	✓				✓											✓	H_2SO_4
8)																						
9)																						
10)																						Ice

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
Ronnie Sweet	10/26/10 10:55A	Hunter Hall	10/26/10 10:55A
Hunter Hall	10/26/10 11:52	[signature]	10/26/10 11:52

QC Data Package: Level I ☐ Level II ☐ Level III ☐ Level IV ☐

LAB USE ONLY — COOLER TEMP 3.7 °C

GP-S
VPDES Permit Renewal

10100429
DUE: 10 Days
Recd: 10/26/10

AIR WATER & SOIL LABORATORIES, INC.
2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

CLIENT NAME: GP Skippers
PROJECT NAME: VPDES Permit Renewal
CLIENT CONTACT: Ronnie Sweet
SITE NAME: Outfall 901
CLIENT ADDRESS: PO Box 309 Skippers, VA 23879
PROJECT NUMBER:
CLIENT PHONE NUMBER: (434) 634-6133 ext. 207
P.O. NUMBER:
CLIENT FAX NUMBER:
EMAIL: ronald.sweet@gapac.com
REGULATORY AUTHORITY: VADEQ
Is sample for compliance reporting? (YES) NO
Is sample from a chlorinated supply? YES (NO)
PWS I.D. #:
SAMPLER NAME (PRINT): Ronnie Sweet
SAMPLER SIGNATURE: Ronnie Sweet
Turn Around Time: 10 Day(s)
Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO

CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	MATRIX: Ground Water / Surface Water	MATRIX: Waste Water (Storm Water)	MATRIX: Drinking Water	MATRIX: Soil	MATRIX: Solids	MATRIX: Other	ANALYSIS / (PRESERVATIVE): Zn, Boron, Iron, Magnesium, Manganese	ANALYSIS / (PRESERVATIVE): TPH	ANALYSIS / (PRESERVATIVE): Total Phos., COD	ANALYSIS / (PRESERVATIVE): Total N/Nitrogen	ANALYSIS / (PRESERVATIVE): BOD	ANALYSIS / (PRESERVATIVE): TSS	ANALYSIS / (PRESERVATIVE): Formaldehyde (No Preser) Phenol (H_2SO_4)	COMMENTS: Quote I.D.: PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min)
1) Outfall 901	10/25/10	3:08p	10/25/10	5:10p	1		✓			✓					✓							HNO_3
2) Outfall 901	10/25/10	3:08p	10/25/10	5:10p	1		✓			✓						✓						HCl
3) Outfall 901	10/25/10	3:08p	10/25/10	5:10p	1		✓			✓							✓					H_2SO_4
4) Outfall 901	10/25/10	3:08p	10/25/10	5:10p	1		✓			✓								✓				H_2SO_4
5) Outfall 901	10/25/10	3:08p	10/25/10	5:10p	1		✓			✓									✓			None
6) Outfall 901	10/25/10	3:08p	10/25/10	5:10p	1		✓			✓										✓		None
7) Outfall 901	10/25/10	3:08p	10/25/10	5:10p	1, 1		✓			✓											✓	Phenol (H_2SO_4)
8)																						
9)																						
10)																						Ice

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
Ronnie Sweet	10/26/10 10:55A	Holly Hardy	10/26/10 10:55A
Holly Hardy	10/26/10 11:52	John Newsome	10/26/10 11:52
	DATE / TIME	RECEIVED:	DATE / TIME

QC Data Package
Level I ☐
Level II ☐
Level III ☐
Level IV ☐

LAB USE ONLY
COOLER TEMP 3.7 °C

GP-S
VPDES Permit Renewal
10100429
DUE: 10 Days
Recd: 10/26/10

v080819.xls

AIR WATER SOIL Laboratories
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel : (804) 358

GP-S **10100429**
VPDES Permit Renewal
DUE: 10 Days
Recd: 10/26/10

Sample Conditions Checklist

Opened by: (Initials) MW **Lab ID No.:**

Date Cooler Opened: 10/26/10

		YES	NO	N/A
1.	How were samples received? Fed Ex ☐ UPS ☐ Courier ☐ Walk In ☑			
2.	Were custody seals used?	☐	☐	☑
3.	If yes, are custody seals unbroken and intact at the date and time of arrival?	☐	☐	☑
4.	Are the custody papers filled out completely and correctly?	☑	☐	☐
5.	Do all bottle labels agree with custody papers?	☑	☐	☐
6.	Are the samples received on ice?	☑	☐	☐
7.	Is the temperature blank or representative sample within acceptable limits? (above freezing to 6°C)	☑	☐	☐
8.	Are all samples within holding time for requested laboratory tests?	☑	☐	☐
9	Is a sufficient amount of sample provided to perform the tests indicated?	☑	☐	☐
10	Are all samples in proper containers for the analyses requested?	☑	☐	☐
11	Are all samples appropriately preserved for the analyses requested?	☑	☐	☐
12	Are all volatile organic containers free of headspace?	☐	☐	☑

COMMENTS

TPH = DRO per R. Sweet 10/26/10 MW

AIR WATER SOIL LABORATORIES, INC.

pH Preservation Log

pH Log
Form #: F1301
Effective: August 2, 2010

Order ID 10100429

Date Performed: 10/26/10

Analyst Performing Check: MM

Sample ID	Container ID	Metals			Cyanide			Sulfide			Ammonia			TKN			Phos, Tot			NO3+NO2			DRO			COD			Phenolics		
		pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)	pH as Received		Final pH (If adjust.)
		< 2	Other		> 12	Other		> 9	Other		< 2	Other		< 2	Other		< 2	Other		< 2	Other		< 2	Other		< 2	Other			Other	
001	01	✓																													
002	01																						✓								
003	01																✓									✓					
004	01													✓						✓											
007	01																												✓		
008	01	✓																													
009	01																						✓								
010	01																✓									✓					
011	01													✓						✓											
014	01																												✓		

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING
2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

November 09, 2010 4:13:54PM

Client: Air Water & Soil Laboratories (7091)
2109 N. Hamilton Street
Richmond, VA 23230
Attn: AWS PM

Work Order: NTJ3227
Project Name: Formaldehyde
Project Nbr: [none]
P/O Nbr:
Date Received: 10/27/10

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
10100429-006	NTJ3227-01	10/25/10 15:08
10100429-014	NTJ3227-02	10/25/10 17:10

An executed copy of the chain of custody, the project quality control data, and the sample receipt form are also included as an addendum to this report. If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-800-765-0980. Any opinions, if expressed, are outside the scope of the Laboratory's accreditation.

Virginia Certification Number: 00323

The Chain(s) of Custody, 2 pages, are included and are an integral part of this report.

These results relate only to the items tested. This report shall not be reproduced except in full and with permission of the laboratory.

All solids results are reported in wet weight unless specifically stated.
Estimated uncertainty is available upon request.
This report has been electronically signed.
Report Approved By:

Jennifer Gambill

Jennifer Gambill

Project Manager

Client	Air Water & Soil Laboratories (7091)	Work Order:	NTJ3227
	2109 N. Hamilton Street	Project Name:	Formaldehyde
	Richmond, VA 23230	Project Number:	[none]
Attn	AWS PM	Received:	10/27/10 09:50

ANALYTICAL REPORT

Analyte	Result	Flag	Units	MRL	Dilution Factor	Analysis Date/Time	Method	Batch
Sample ID: NTJ3227-01 (10100429-006 - Water) Sampled: 10/25/10 15:08								
Aldehydes by EPA Method 8315A								
Formaldehyde	118		ug/L	50.0	1	10/28/10 19:52	SW846 8315A	10J5342
Surr: Butyraldehyde (54-128%)	*86 %*					*10/28/10 19:52*	*SW846 8315A*	*10J5342*
Sample ID: NTJ3227-02 (10100429-014 - Water) Sampled: 10/25/10 17:10								
Aldehydes by EPA Method 8315A								
Formaldehyde	87.2		ug/L	50.0	1	10/28/10 20:09	SW846 8315A	10J5342
Surr: Butyraldehyde (54-128%)	*91 %*					*10/28/10 20:09*	*SW846 8315A*	*10J5342*

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING
2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

Client	Air Water & Soil Laboratories (7091)	Work Order:	NTJ3227
	2109 N. Hamilton Street	Project Name:	Formaldehyde
	Richmond, VA 23230	Project Number:	[none]
Attn	AWS PM	Received:	10/27/10 09:50

SAMPLE EXTRACTION DATA

Parameter	Batch	Lab Number	Wt/Vol Extracted	Extracted Vol	Date	Analyst	Extraction Method
Aldehydes by EPA Method 8315A							
SW846 8315A	10J5342	NTJ3227-01	100.00	1.00	10/28/10 07:00	BJM	8315 Carbonyls wate
SW846 8315A	10J5342	NTJ3227-02	100.00	1.00	10/28/10 07:00	BJM	8315 Carbonyls wate

2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

Client	Air Water & Soil Laboratories (7091)	Work Order:	NTJ3227
	2109 N. Hamilton Street	Project Name:	Formaldehyde
	Richmond, VA 23230	Project Number:	[none]
Attn	AWS PM	Received:	10/27/10 09:50

PROJECT QUALITY CONTROL DATA
Blank

Analyte	Blank Value	Q	Units	Q.C. Batch	Lab Number	Analyzed Date/Time
Aldehydes by EPA Method 8315A						
10J5342-BLK1						
Formaldehyde	<27.0		ug/L	10J5342	10J5342-BLK1	10/28/10 18:45
Surrogate: Butyraldehyde	77%			10J5342	10J5342-BLK1	10/28/10 18:45

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING
2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

Client	Air Water & Soil Laboratories (7091)	Work Order:	NTJ3227
	2109 N. Hamilton Street	Project Name:	Formaldehyde
	Richmond, VA 23230	Project Number:	[none]
Attn	AWS PM	Received:	10/27/10 09:50

PROJECT QUALITY CONTROL DATA
LCS

Analyte	Known Val.	Analyzed Val	Q	Units	% Rec.	Target Range	Batch	Analyzed Date/Time
Aldehydes by EPA Method 8315A								
10J5342-BS1								
Formaldehyde	100	82.9		ug/L	83%	39 - 130	10J5342	10/28/10 19:02
Surrogate: Butyraldehyde	200	177			88%	54 - 128	10J5342	10/28/10 19:02

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING
2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

Client	Air Water & Soil Laboratories (7091)	Work Order:	NTJ3227
	2109 N. Hamilton Street	Project Name:	Formaldehyde
	Richmond, VA 23230	Project Number:	[none]
Attn	AWS PM	Received:	10/27/10 09:50

PROJECT QUALITY CONTROL DATA
Matrix Spike

Analyte	Orig. Val.	MS Val	Q	Units	Spike Conc	% Rec.	Target Range	Batch	Sample Spiked	Analyzed Date/Time
Aldehydes by EPA Method 8315A										
10J5342-MS1										
Formaldehyde	118	195		ug/L	100	77%	33 - 137	10J5342	NTJ3227-01	10/28/10 19:19
Surrogate: Butyraldehyde		183		ug/L	200	91%	54 - 128	10J5342	NTJ3227-01	10/28/10 19:19

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING
2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

Client: Air Water & Soil Laboratories (7091)
2109 N. Hamilton Street
Richmond, VA 23230
Attn: AWS PM

Work Order: NTJ3227
Project Name: Formaldehyde
Project Number: [none]
Received: 10/27/10 09:50

PROJECT QUALITY CONTROL DATA
Matrix Spike Dup

Analyte	Orig. Val.	Duplicate	Q	Units	Spike Conc	% Rec.	Target Range	RPD	Limit	Batch	Sample Duplicated	Analyzed Date/Time
Aldehydes by EPA Method 8315A												
10J5342-MSD1												
Formaldehyde	118	198		ug/L	100	80%	33 - 137	2	32	10J5342	NTJ3227-01	10/28/10 19:35
Surrogate: Butyraldehyde		184		ug/L	200	92%	54 - 128			10J5342	NTJ3227-01	10/28/10 19:35

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING

2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

Client	Air Water & Soil Laboratories (7091)	Work Order:	NTJ3227
	2109 N. Hamilton Street	Project Name:	Formaldehyde
	Richmond, VA 23230	Project Number:	[none]
Attn	AWS PM	Received:	10/27/10 09:50

CERTIFICATION SUMMARY

TestAmerica Nashville

Method	Matrix	AIHA	Nelac	Virginia
SW846 8315A	Water	N/A	X	N/A

2960 Foster Creighton Road Nashville, TN 37204 * 800-765-0980 * Fax 615-726-3404

Client	Air Water & Soil Laboratories (7091)	Work Order:	NTJ3227
	2109 N. Hamilton Street	Project Name:	Formaldehyde
	Richmond, VA 23230	Project Number:	[none]
Attn	AWS PM	Received:	10/27/10 09:50

DATA QUALIFIERS AND DEFINITIONS

ND Not detected at the reporting limit (or method detection limit if shown)

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING

Nashville, TN

COOLER RE

NTJ3227

Cooler Received/Opened On 10/27/2010 @ 0950

1. Tracking # 12F15162 0 9705 4014

Courier: UPS IR Gun ID Raynger

2. Temperature of rep. sample or temp blank when opened: 3.9 *Degrees Celsius*

3. If Item #2 temperature is 0°C or less, was the representative sample or temp blank frozen? YES NO...NA

4. Were custody seals on outside of cooler? YES..NO..NA

If yes, how many and where: NA

5. Were the seals intact, signed, and dated correctly? YES...NO...NA

6. Were custody papers inside cooler? YES...NO...NA

I certify that I opened the cooler and answered questions 1-6 (intial) RS

7. Were custody seals on containers: YES NO and Intact YES...NO...NA

Were these signed and dated correctly? YES...NO...NA

8. Packing mat'l used? Bubblewrap Plastic bag Peanuts Vermiculite Foam Insert Paper Other None

9. Cooling process: Ice Ice-pack Ice (direct contact) Dry ice Other None

10. Did all containers arrive in good condition (unbroken)? YES..NO...NA

11. Were all container labels complete (#, date, signed, pres., etc)? YES...NO...NA

12. Did all container labels and tags agree with custody papers? YES...NO...NA

13a. Were VOA vials received? YES...NO...NA

b. Was there any observable headspace present in any VOA vial? YES...NO...NA

14. Was there a Trip Blank in this cooler? YES...NO...NA If multiple coolers, sequence #_____

I certify that I unloaded the cooler and answered questions 7-14 (intial) _____

15a. On pres'd bottles, did pH test strips suggest preservation reached the correct pH level? YES..NO..NA

b. Did the bottle labels indicate that the correct preservatives were used YES...NO...NA

16. Was residual chlorine present? YES...NO...NA

I certify that I checked for chlorine and pH as per SOP and answered questions 15-16 (intial) _____

17. Were custody papers properly filled out (ink, signed, etc)? YES..NO...NA

18. Did you sign the custody papers in the appropriate place? YES...NO...NA

19. Were correct containers used for the analysis requested? YES..NO...NA

20. Was sufficient amount of sample sent in each container? YES..NO...NA

I certify that I entered this project into LIMS and answered questions 17-20 (intial) _____

I certify that I attached a label with the unique LIMS number to each container (intial) _____

21. Were there Non-Conformance issues at login? YES..NO Was a PIPE generated? YES...NO...# _____

AIR WATER & SOIL LABORATORIES, INC.

Test America Tenn.

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

PAGE ___ OF ___

CLIENT NAME: AWS	PROJECT NAME:
CLIENT CONTACT: Jessica Reich	SITE NAME:
CLIENT ADDRESS:	PROJECT NUMBER:
CLIENT PHONE NUMBER:	P.O. NUMBER:
CLIENT FAX NUMBER: / EMAIL:	REGULATORY AUTHORITY:
Is sample for compliance reporting? YES NO	Is sample from a chlorinated supply? YES NO / PWS I.D. #:
SAMPLER NAME (PRINT): / SAMPLER SIGNATURE:	Turn Around Time: Day(s)
Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO	

CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	MATRIX: Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other	ANALYSIS / (PRESERVATIVE): Formaldehyde						COMMENTS: Quote I.D.: NTJ3227 11/10/10 23:59 / PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min)
1) 10100429-006			10/25	1508	1										X						01
2) 10100429-014			10/25	1710	1										X						2
3)																					
4)																					
5)																					
6)																					
7)																					
8)																					
9)																					
10)																					

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
[signature]	10/26/10	UPS Next Day Air	
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
		[signature]	10/27/10 9:50
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME

QC Data Package
Level I ☐
Level II ☐
Level III ☐
Level IV ☐

LAB USE ONLY

COOLER TEMP _____ °C